Fill in this information t	o identify your case:	
Debtor 1	Ellison Donald Rector	
Debtor 2 (Spouse, if filing)	Amanda Kelly Rector	
United States Bankrup	tcy Court for the: SOUTHERN DISTRICT OF OHIO	
	5-bk-56736	Check if this is:
(lf known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Driver	
	Include part-time, seasonal, or self-employed work.	Employer's name	Schneider Intl	
	Occupation may include student or homemaker, if it applies.	Employer's address	3101 Packerland Drive Green Bay, WI 54313	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,160.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Debt	tor 1 tor 2	Ellison Donald Rector Amanda Kelly Rector		Case nu	mber (<i>if know</i>	n)	2:15-bk-56	736	
					ebtor 1		For Debtor	spouse	
	Cop	y line 4 here	4.	\$	4,160.0	0	\$	0.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	875.3	3	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.0		\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.0		\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.0		\$	0.00	_
	5e. 5f.	Insurance	5e. 5f.	\$	467.5		\$	0.00	_
	51. 5g.	Domestic support obligations Union dues	51. 5g.	\$ —	0.0		\$	0.00	_
	5h.	Other deductions. Specify:	5g. 5h.+	· · —	0.0		·	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,342.8		\$	0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,817.1		\$	0.00	_
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	\$	·		¢.		-
	8b.	monthly net income. Interest and dividends	8a. 8b.	^Φ	0.0		\$ \$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		Ψ \$	220.0	_		100.00	_
	8d.	Unemployment compensation	8d.	\$	0.0		\$	0.00	_
	8e.	Social Security	8e.	\$	0.0	0	\$	820.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Childrens' Social Security 2 X \$540.00	ce 8f.	\$	0.0	10	\$ 1.	,080.00	
	8g.	Pension or retirement income	 8g.	\$	0.0		\$	0.00	_
	8h.	Other monthly income. Specify:	8h.+	\$	0.0	+ 00	\$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	220.0	00	\$	2,000.00	0
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$	3	037.11 +	\$	2,000.00	= \$	5,037.11
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<u> </u>			2,000.00	* -	3,007.11
11.	Incli othe	te all other regular contributions to the expenses that you list in Schedul adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur deper				ed in <i>Schedul</i>	le J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certiles						\$	5,037.11
								Combin	ned v income
13.	Do y	you expect an increase or decrease within the year after you file this form No.	n?					monun	y mcome
		Yes. Explain: Deduction From Debtor's Pay for Health/Vision/	Dental	Insura	nce to St	art I	November 2	2015.	

Official Form 106I Schedule I: Your Income page 2

Fill in this inform	nation to identify your case:							
Debtor 1	Ellison Donald Rector	Che	Check if this is:					
Debtor 2	Awaru da Kalla Baatan		An amended filing	vina pastnatitian abanta				
(Spouse, if filing)	Amanda Kelly Rector		A supplement showing postpetition chapt 13 expenses as of the following date:					
United States Bank	kruptcy Court for the: SOUTHERN DISTRICT OF OHIC)	MM / DD / YYYY					
Case number (If known)	2:15-bk-56736							
Official F								
	e J: Your Expenses e and accurate as possible. If two married people a			12				
Part 1: Desc 1. Is this a jo No. Go Yes. Do	to line 2. Des Debtor 2 live in a separate household?			your name and case				
2. Do you ha	ve dependents?							
Do not list and Debtor	= 165	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?				
Do not stat dependents		Son	11yrs	□ No ■ Yes				
		Son	14yrs	□ No ■ Yes □ No				
		Daughter	15yrs	■ Yes □ No				
expenses	xpenses include of people other than nd your dependents? ■ No □ Yes		_	☐ Yes				
	mate Your Ongoing Monthly Expenses							
	expenses as of your bankruptcy filing date unless y f a date after the bankruptcy is filed. If this is a supple.							
	ses paid for with non-cash government assistance ch assistance and have included it on <i>Schedule I</i> : 1061.)		Your exp	enses				
4. The rental	or home ownership expenses for your residence. and any rent for the ground or lot.	Include first mortgage 4.	\$	1,100.00				
	uded in line 4:							
	estato taxos	4a 9	‡	0.00				

4b. \$

4c. \$

4d. \$

5. \$

0.00

0.00

0.00

0.00

4b.

Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses

Additional mortgage payments for your residence, such as home equity loans

Homeowner's association or condominium dues

Itilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection			
h Water sower garbage collection	6a.		250.11
b. Water, Sewer, garbage conection	6b.	\$	45.00
c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	360.00
d. Other. Specify:	6d.	\$	0.00
ood and housekeeping supplies	7.	\$	1,285.00
Childcare and children's education costs	8.	\$	140.00
Clothing, laundry, and dry cleaning	9.	\$	150.00
	10.	\$	80.00
	11.	\$	200.00
•			
	12.	\$	380.00
intertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	80.00
	14.	\$	0.00
nsurance.			
5a. Life insurance		•	0.00
5b. Health insurance	15b.	\$	0.00
5c. Vehicle insurance	15c.	\$	208.00
5d. Other insurance. Specify:	15d.	\$	0.00
	16.	\$	0.00
			0.00
		·	0.00
		·	0.00
7d. Other. Specify:		\$	0.00
		Φ.	0.00
	18.	· .	0.00
		\$	0.00
		•	
			0.00
			0.00
		· -	0.00
		·	0.00
			0.00
		•	0.00
Other: Specify: Pet Expenses	21.	+\$	50.00
Calculate your monthly expenses			
, , ,		\$	4,328.11
•		· -	4,020.11
		· ·	4 000 44
zc. Add line zza and zzb. The result is your monthly expenses.		Φ	4,328.11
Calculate your monthly net income.			
	23a.	\$	5,037.11
		· . ————	4,328.11
17.7 7 16 200	_00.		7,020.11
3c. Subtract your monthly expenses from your monthly income.			
The result is your monthly net income.	23c.	\$	709.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sch. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.	Childcare and children's education costs Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 20. not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. 20. not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15g. Life insurance 15d. Other insurance Specify: 16d. Other specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other specify: 17d. Other payments you make to support others who do not live with you. 18pecify: 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: YC 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 21c. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22 and 22b. The result is your monthly expenses. Calculate your monthly expenses from line 22c above. 23a. Copy line 12 (your combined mont	Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations Italiansurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15c. S 15d. S 15d. S 15d. S 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. S 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. \$ 20h. S 22c. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 23b. <\$ 25b. <\$ 25c. Copy your monthly expenses from line 22c above. 25c. Copy your monthly expenses from line 22c above. 25d. Copy your monthly expenses from line 22c above. 25d. Copy your monthly expenses from line 22c above.

up enough money to move and establish life in sutable housing for thier family.